

Division Directive Number: 4 061

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Title: Level of Care

Application: Targeted Case Management (TCM) entities responsible for assisting with Level of Care determinations for individuals eligible for Division of Developmental Disabilities (DD) services.

Purpose:

 To describe the processes used to ensure compliance with Level of Care (LOC) Medicaid Waiver requirements.

I. Center for Medicare and Medicaid Services (CMS) Assurances

- A. The Division's State Quality Enhancement Unit shall ensure the division is in compliance with CMS Medicaid waiver assurances in order to continue receiving federal funding. The five waivers are Autism, Lopez/MOCDD, Comprehensive, Community Support and Partnership for Hope.
 - 1. LOC Assurances
 - a. An evaluation for LOC is provided to all applicants for whom there is reasonable indication that waiver funded services may be needed in the future.
 - i. LOC is completed PRIOR to waiver slot being assigned.
 - b. The LOCs of enrolled participants are reevaluated at least annually (365 days) or as specified in the approved waiver.
 - c. The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant LOC.
 - i. LOC is completed by a qualified staff person (Support Coordinator).
 - ii. LOC is completed accurately.
 - iii. Correct assessment tool (MOCABI, Vineland, Other) is used.

II. Process for Identification, Communication, and Resolution of Issues

- 1. LOC
 - a. LOC determinations are entered into CIMOR Screenings-LOC.
 - b. LOC automated emails are sent out for LOCs coming due within five working days and for assessments coming due within 30 calendar days based on the next LOC redetermination. LOC reports on Report Manager and Data Central Reports are also available for monitoring upcoming due dates.
 - c. Team Supervisors and designated Regional Office staff review LOC determinations. If there are issues with the determination, the Support Coordinator is notified and the determination must be corrected and re-submitted to the Team Supervisor within 10 working days.

- i. Although the Team Supervisor is to review and approve the LOC in *CIMOR-Screenings* within 30 calendar days, it is preferred Team Supervisors complete this within 10 working days.
- ii. Although the Regional Office designee is tomust approve the SB40 LOC in *CIMOR-Screenings* within 30 calendar days, it is preferred this be completed within 10 working days of the Team Supervisor forwarding the LOC documentation for review.
- iii. In order for an individual to be placed on the wait list for a waiver slot, the individual must be determined eligible for the waiver, including having three or more substantial functional limitations. This determination includes completing a LOC in *CIMOR-Screenings* based on an assessment. This determination must be completed annually to ensure the individual is eligible to remain on the waiver slot wait list. Note: The *CIMOR Waiver Slot Assignment Screen* requires there be a current LOC determination date in *CIMOR-Screenings* prior to assigning a waiver slot.
- d. Records of all assessments (including, but not necessarily limited to, MOCABI's and Vineland Adaptive Behavior Scales) administered by contracted TCM agencies on the behalf of the Division of DD and used to establish Division and/or Medicaid Waiver eligibility must be provided to the Regional Office upon submission of the LOC for review. For purpose of the LOC review, this requirement may be satisfied through review of the completed score summary page of the instrument and can be submitted to the Regional Office reviewer either by photocopy, fax, or scan. A_complete assessment may must also be provided by the TCM agency upon requested from the Regional Office.
 - i. Authority: TCM contract Section 3.10 Documentation of Services: "The contractor shall document and maintain records of services provided. Service records shall be provided to the Department upon request and shall comply with 13 CSR 70-3.030."
- e. LOC reviews are intended to ensure there is record of appropriate supporting documentation for the claim of Waiver eligibility.
 - i. <u>Section I.</u> Reviewers examine the score summary page of the assessment, typically MOCABI or Vineland, to make sure that:
 - a. The assessment is part of the record available for review by an auditor.
 - b. The instrument was completed within the last 730 days from the date of the LOC.
 - c. The scores reported for the Vineland or similar instrument are consistent with three areas of substantial functional limitation (standard scores of about 70 or below).
 - ii. Section II. Reviewers examine:
 - a. The diagnosis to ensure that it is consistent with waiver rules.
 - b. Substantial functional limitations to ensure there are at least three.
 - c. The need for continuous active treatment.
 - iii. <u>Section III.</u> Reviewers examine the claim and summary to ensure that a reasonable case is made for the need for ICF-DD types of services.
 - iv. <u>Section IV:</u> Reviewers substantiate the claim that the information is maintained in the individual's record and that it would be available for internal or external review upon demand.

- f. Data is analyzed quarterly and issues identified are communicated to the Regional Office Directors and/or Assistant Directors and Technical Assistant Coordinators.
 - i. Issues and remediation for LOC greater than 365 days are documented in the <u>DMH DDD</u> <u>Centralized</u> database. Remediation is to be completed within 10 working days and the <u>DMH DDD Centralized</u> database is updated.
 - ii. Issues and remediation on the other LOC areas are completed through individual correspondence and updating CIMOR.

Authority:

9 CSR 45-3.010: Individualized Habilitation Plan Procedures

Home and Community Based Waiver

RSMO 633.110 http://www.moga.mo.gov/statutes/c600-699/6330000110.htm

Technical Assistance Manual for Regional Offices, County Senate Bill 40 Boards, and Other Not-for-Profit Agencies

